

# CWS and AOD Self-Assessment Survey

Self-Assessment Tool For Reviewing Status of Linkage  
Between Alcohol and Other Drug Treatment and Child  
Welfare Services

Reference source for this survey is web site:

<http://www.silcom.com/%7Evkogler/CFF/OntarioSurvey.htm>

September 2000

This tool is intended to be used as a self-assessment by County and State alcohol and other drug (AOD) service and child welfare service (CWS) agencies who are preparing to work with each other or who may be seeking to move to a new level of cooperation after some initial efforts. The questions have been designed to elicit discussion among and within both sets of agencies about their readiness for closer work with each other.

Please select the response category that most closely represents your extent of agreement with each of the following statements. Except where noted, response categories are:  
**"Agree" "Somewhat Agree" "Disagree" "Not Sure"**

### Underlying Values and Principles

1. Our AOD and CWS agencies have begun discussions about their differences underlying values and principles.

Agree      Somewhat Agree      Disagree      Not Sure

2. Our AOD and CWS agencies have used a formal values assessment process to determine how much consensus or disagreement we have about issues related to AOD use, parenting, and child safety.

Agree      Somewhat Agree      Disagree      Not Sure

3. Our AOD and CWS agencies have negotiated a shared principles or goal statement that reflects a consensus of the two agencies.

Agree      Somewhat Agree      Disagree      Not Sure

4. Our area has prioritized parents in the CPS system for AOD treatment services.

Agree      Somewhat Agree      Disagree      Not Sure

5. Our area has developed strategies to recruit community participation in addressing the needs of AOD-CWS-involved families.

Agree      Somewhat Agree      Disagree      Not Sure

6. Our court system has realistic expectations for CWS parents with AOD problems (e.g. approach to relapse and zero tolerance issues).

Agree      Somewhat Agree      Disagree      Not Sure

7. In our area, CWS staff and the courts view alcohol abuse as much as a major risk factor as they do other drugs for child abuse and/or neglect.

Agree      Somewhat Agree      Disagree      Not Sure

8. Our area has discussed and developed responses to the conflicting time frames associated with CWS and AOD treatment and child development.

Agree      Somewhat Agree      Disagree      Not Sure

### **Daily Practice-Client Intake, Screening, and Assessment**

1. Our area has successfully out-stationed AOD workers at CPS offices to help with screening and assessment of clients.

Agree      Somewhat Agree      Disagree      Not Sure

2. Our area had multidisciplinary service teams that include both AOD and CWS workers.

Agree      Somewhat Agree      Disagree      Not Sure

3. Our area has developed coordinated AOD treatment and CPS case plans.

Agree      Somewhat Agree      Disagree      Not Sure

4. In our local CWS staff supplement child abuse/neglect risk assessment with an in-depth assessment of AOD issues and their impact on the family.

Agree      Somewhat Agree      Disagree      Not Sure

5. Our local CWS intake process is able to identify prior AOD treatment episodes based on previously negotiated information sharing protocols.

Agree      Somewhat Agree      Disagree      Not Sure

6. Our local AOD intake process identifies clients who are involved in the CWS system based on previously negotiated information sharing protocols.

Agree      Somewhat Agree      Disagree      Not Sure

7. Our local CWS intake process consistently screens for AOD factors in the family.

Agree      Somewhat Agree      Disagree      Not Sure

8. When our AOD treatment providers assess clients, they routinely include questions about children in the family, their living arrangements, and CWS involvement.

Agree      Somewhat Agree      Disagree      Not Sure

## Daily Practice-Client Engagement and Retention in Services

1. Our local CWS staff has the skills and knowledge to talk with their clients about their AOD use and related problems.

Agree      Somewhat Agree      Disagree      Not Sure

2. Our local AOD staff has the skills and knowledge to talk with their clients about child safety and CWS involvement.

Agree      Somewhat Agree      Disagree      Not Sure

3. Our local CWS staff provides outreach to clients who do not keep their initial AOD appointments or drop out of treatment.

Agree      Somewhat Agree      Disagree      Not Sure

4. Our local AOD staff tracks the status of their clients in the CWS system.

Agree      Somewhat Agree      Disagree      Not Sure

5. Our agency has developed and trained our staff in approaches to our clients which ensure that clients are more likely to stay in treatment once they enter it.

Agree      Somewhat Agree      Disagree      Not Sure

6. In our CWS and AOD agencies have agreed on the level of information about clients' progress in treatment which will be communicated from treatment agencies to CWS worker and the courts.

Agree      Somewhat Agree      Disagree      Not Sure

7. In our area, client relapse typically leads to a collaborative intervention to re-engage the client in treatment and to reassess child safety.

Agree      Somewhat Agree      Disagree      Not Sure

8. In our area, drug testing is used in combination with a treatment program to monitor clients' compliance with treatment plans.

Agree      Somewhat Agree      Disagree      Not Sure

9. Rate your area's AOD treatment services on the following areas:  
(1 = poor                      3 = fair                      5 = excellent)

Gender specific	_____
Culturally relevant	_____
Geographically accessible	_____
Family Focused	_____
Child-specific	_____
Adolescent treatment	_____

### Information Sharing and Data Systems

1. We have identified the confidentiality provisions that affect CWS-AOD connections and has devised means of sharing information while observing these regulations.

Agree              Somewhat Agree              Disagree              Not Sure

2. We consistently use the CWS optional field on AOD factors related to the case.

Agree              Somewhat Agree              Disagree              Not Sure

3. Our AOD services have supplemented the alcohol/drug data systems to generate data on their clients children and their CPS involvement.

Agree              Somewhat Agree              Disagree              Not Sure

4. Our area has developed the capacity to automate data about the characteristics and services outcomes of the clients who are in both the CWS and AOD caseloads.

Agree              Somewhat Agree              Disagree              Not Sure

5. We have initiated efforts and/or has the capacity to track CWS/AOD clients across information systems.

Agree              Somewhat Agree              Disagree              Not Sure

### Shared Outcomes

1. Our AOD agency has identified systems outcomes and has communicated them to the CWS.

Agree              Somewhat Agree              Disagree              Not Sure

2. Our CWS agency has identified system outcomes and has communicated them to the AOD agency.

Agree                  Somewhat Agree                  Disagree                  Not Sure

3. Our AOD and CWS agencies and the courts have developed shared outcomes for CWS-AOD involved families and have agreed to use this information to inform policy leaders.

Agree                  Somewhat Agree                  Disagree                  Not Sure

4. We have developed outcomes criteria in their contracts with community-base providers (who serve CWS-AOD clients) to measure their effectiveness in achieving shared outcomes.

Agree                  Somewhat Agree                  Disagree                  Not Sure

5. We have shifted funding from providers who are less effective in serving clients in the both CWS-AOD systems to those that are more effective.

Agree                  Somewhat Agree                  Disagree                  Not Sure

6. In our area, CWS-AOD involved parents are referred to parenting programs that have demonstrated positive results with this population.

Agree                  Somewhat Agree                  Disagree                  Not Sure

7. Our CWS agency shares accountability with their AOD counterpart for successful treatment outcomes for their mutual clients.

Agree                  Somewhat Agree                  Disagree                  Not Sure

8. Our AOD agency shares accountability for positive child safety outcomes for clients who have enrolled in treatment programs.

Agree                  Somewhat Agree                  Disagree                  Not Sure

9. In our area, drug testing is used in the court system as the most important indicator of clients' success in resolving their AOD problem.

Agree                  Somewhat Agree                  Disagree                  Not Sure

### **Budgeting**

1. Our CWS agency currently uses a portion of its funding for AOD treatment services (excluding drug testing).

Agree                  Somewhat Agree                  Disagree                  Not Sure

2. Our AOD treatment agencies currently use a portion of their funding for services to improve client's parent skills.

Agree                  Somewhat Agree                  Disagree                  Not Sure

3. Our CWS and AOD agencies have jointly sought funding for pilot projects to work more closely together.

Agree                  Somewhat Agree                  Disagree                  Not Sure

4. Our area has identified the full range of potential funding from all sources that could support the changes needed to work more closely across CWS-AOD agencies.

Agree                  Somewhat Agree                  Disagree                  Not Sure

5. We have identified the waivers that would be needed to fully utilize available funds for families in the CWS-AOD systems.

Agree                  Somewhat Agree                  Disagree                  Not Sure

6. We have a multi-year budget plan to support integrated CWS-AOD services.

Agree                  Somewhat Agree                  Disagree                  Not Sure

### **Training and Staff Development**

1. Our CWS ensures that all managers, supervisors and workers receive training on working with AOD-affected families.

Agree                  Somewhat Agree                  Disagree                  Not Sure

2. Our AOD agency ensures that their staff/providers receive training on working with families in the CWS system.

Agree                  Somewhat Agree                  Disagree                  Not Sure

3. We have developed joint training programs for AOD-CWS staff and providers to learn effective methods of working together.

Agree                  Somewhat Agree                  Disagree                  Not Sure

4. We have a multi-year staff development plan that includes periodic updates to the training and orientation received by the staff of both CWS and AOD agencies.

Agree                  Somewhat Agree                  Disagree                  Not Sure

5. We have training programs that include cultural issues to improve their cultural relevance and competency in working with divers AOD-CWS client groups.

Agree      Somewhat Agree      Disagree      Not Sure

### **Working with Related Agencies**

1. CWS staff know how to identify and link families with the other services that are frequently needed by CWS-AOD involved clients (e.g. transportation, child care, family violence services, mental health services) and makes referrals to those agencies.

Agree      Somewhat Agree      Disagree      Not Sure

2. AOD staff/providers know how to identify and link CWS-involved families with the other services that are frequently needed services (e.g. transportation, child care, family violence services, mental health services) and make referrals to agencies.

Agree      Somewhat Agree      Disagree      Not Sure

3. Parent education programs used by CWS clients include significant content on the impact of AOD use on family functioning and parenting?

Agree      Somewhat Agree      Disagree      Not Sure

4. Our area has AOD support/recovery groups that include a special focus on CWS and child safety issues.

Agree      Somewhat Agree      Disagree      Not Sure

5. We have implemented substance abuse prevention and early intervention services for children in the CWS system.

Agree      Somewhat Agree      Disagree      Not Sure

6. Our transitional living program includes significant content on the impact of AOD use.

Agree      Somewhat Agree      Disagree      Not Sure

7. We coordinate with law enforcement, AOD and CWS to meet the needs of parents and their children affected by criminal justice system (e.g., visitation for children with incarcerated parents, treatment while are incarcerated).

Agree      Somewhat Agree      Disagree      Not Sure